



Employee Authorization for Payroll Deductions to Health Savings Account

2/9/2021

I Wish To:

☐ Begin a deduction ☐ Change my deduction ☐ Stop my deduction ☐ One Time Contribution ☐ Cash In Hrs. - _____ hrs.

Section 1: Employee Information

Name	Social Security Number:
Mailing Address	Phone Number
City/State/Zip Code	Email Address

Section 2: Calculate your Per-Paycheck Contribution

The most the IRS will allow deposited into your HSA per year (employer plus employee contributions)	Family HSA \$7,200.00	Single HSA \$3,600
Employee's Contribution per Paycheck:		
Number of Paychecks remaining for this year:		
Annual Contribution:		
Contribution Effective Date (Payroll Date):		

Note: You risk paying IRS tax penalties if you exceed the allowed annual contribution. Be sure to consider any amounts you have already contributed if this is a mid-year change.

***If you are age 55 or older, you can make an additional "catchup" annual contribution of \$1,000. For example, if you are age 55 or older, the single annual maximum would be \$4,600 and family would be \$8,200.**

Section 3: Financial Institution and Election Amount

Financial Institution:	I elect to contribute \$_____ per paycheck to my health savings account. This request replaces any previous payroll deduction requests for my HSA.
Address:	
Account No:	
Bank Routing No:	

Section 4: Employee's Signature

By signing this form, I am requesting that payroll deduction be started or changed. I certify that I have examined this agreement and agree to comply with the terms and conditions of the Plan. I agree to hold Dodge County harmless from any liability to my participation in this plan.

Employee Signature: _____ Date: _____